

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 675)**

**SERIAL NO.**

091  
APPLICANT

**FILING DATE**

**BEST AVAILABLE COPY**

3-29-04 12-6-05 CLAIMS

NO.	AS FILED		CORRECTED		ADDED	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	19		30			
TOTAL CLAIMS	21		32			

  

NO.	AS FILED		CORRECTED		ADDED	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						